

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16		/					66				
17		/					67				
18		/					68				
19		/					69				
20		/					70				
21		/					71				
22		/					72				
23		/					73				
24		/					74				
25		/					75				
26		/					76				
27		/					77				
28		/					78				
29		2					79				
30		2					80				
31		2					81				
32		/					82				
33		/					83				
34		/					84				
35		/					85				
36		/					86				
37		/					87				
38		/					88				
39		/					89				
40		/					90				
41		/					91				
42		/					92				
43		/					93				
44		/					94				
45		/					95				
46		2					96				
47		/					97				
48		/					98				
49		/					99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	56						TOTAL DEP.				
TOTAL CLAIMS	57						TOTAL CLAIMS				